MHA
MISSOURI HOSPITAL ASSOCIATION

2026 LEGISLATIVE GUIDE

MoHospitals.org

MISSOURI HOSPITAL ASSOCIATION

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The Missouri General Assembly convenes in January to propose and debate public policies with far-reaching implications for citizens and businesses across the state. Many of the bills filed impact how hospitals manage operations, support their workforce and deliver care in their communities. Missouri Hospital Association staff work closely with our member hospitals and industry partners to shape those proposals in ways that create an environment allowing our hospitals and health systems to thrive and fulfill their missions.

MHA's 2026 Legislative Guide outlines our agenda for the year — identifying board-approved priorities that we will strive to pass and those measures we oppose because they create administrative burdens and hardship for members. As legislators prepare for another election cycle, they will attempt to leave their mark on policies that shape Missouri's future. The complexities and nuances of the health care system require careful attention to how proposed legislation will affect hospitals' ability to provide quality care.

This year's legislative priorities build on our past efforts to implement regulatory and reimbursement reforms, reduce administrative burden and stave off measures that impede hospital operations.

Your elected officials and policymakers benefit from hearing real stories of how you serve your communities, fulfill your missions and deliver care to patients in their time of need. We stand ready to facilitate and support those interactions and to keep you apprised of activities in the Capitol. Your voices are crucial to influencing lawmakers' understanding of the difficulties inherent in serving Missourians 24-7-365 and shaping legislative outcomes that promote a strong health care safety net in our state.

Jon D. Doolittle
President and CEO
Missouri Hospital Association

CREATING FAVORABLE OPERATING ENVIRONMENTS FOR MISSOURI HOSPITALS

Each legislative session, MHA advocates for policies that remove barriers to the provision of quality health care. MHA's board-approved legislative priorities seek solutions to problems commonly faced by hospitals.

Prior Authorization Reforms

Hospitals and health systems dedicate enormous resources fighting payers' attempts to delay or deny necessary care. Insurer abuse of the prior authorization process disrupts treatment regimens and adversely affects health outcomes. Artificial intelligence tools allow for mass denials in seconds, placing unnecessary burdens on patients and providers. Prior authorization reform is needed to combat these practices and streamline patients' access to care.

SB 841, SB 846, SB 897, HB 1675 and HB 3010 exempt providers with appropriate utilization patterns from prior authorization requirements, specifies requirements for notifying the provider of determinations, requires health carriers and utilization review entities to establish an appeals process for determinations, and requires carriers and utilization review entities to maintain an online portal giving providers access to certain information. They also prohibit denials or payment reductions once prior authorization has been granted by an insurer.

Physician Licensure Reforms

The physician licensure process is inordinately burdensome, requiring applicants to collect and submit numerous documents and verifications, many of which could be confirmed by electronic background screening. Once materials are submitted, Board of Healing Arts staff must manually review the file and approve the license. This process frequently takes up to or more than four months from start to finish, while hospitals wait to onboard and credential much-needed providers. SB 1423 and HB 2976 would streamline the process by substantially reducing the number of items that must be submitted by the applicant and requiring the board to verify most information electronically.

340B Protections and Pharmacy Reforms

The 340B Drug Pricing Program helps individuals afford needed medications while providing participating hospitals with savings from discounted drugs that can be used to support under-reimbursed services that benefit all patients. Unfortunately, payers frequently discriminate against 340B providers by steering patients to their preferred pharmacies or attempting to capture those savings themselves. SB 846 protects hospitals and patients by prohibiting insurers from denying or restricting access to 340B drugs or the discounts provided under the program.

Insurer practices also can impact patient safety. White bagging occurs when payers compel providers to accept certain drugs, typically used for cancer treatment and other serious, chronic diseases, from the insurers' preferred pharmacy. These types of drugs must be titrated to the patient's physical condition at the time of administration. If the patient's condition changes after the drugs have been shipped, they are wasted, resulting in delayed care or replacement of the drug by the facility. Frequently, they are mislabeled and/or mishandled, resulting in further waste. SB 846 also prohibits this practice.

SB 846 further reforms payer pharmacy practices by requiring them to cover all biological products that are similar to a reference drug on the same terms and conditions as the original drug.

Patient Boarding

Patients who lack a safe environment to recover from a hospital stay cannot be discharged and often end up boarding in hospitals for extended periods of time. The problem is especially acute for individuals with behavioral health conditions or developmental disabilities, particularly children, due to a lack of community-based support services. At any given time, hundreds of patients who no longer need hospital-level care reside in Missouri hospitals for their safety and well-being, for which the hospital does not get paid.

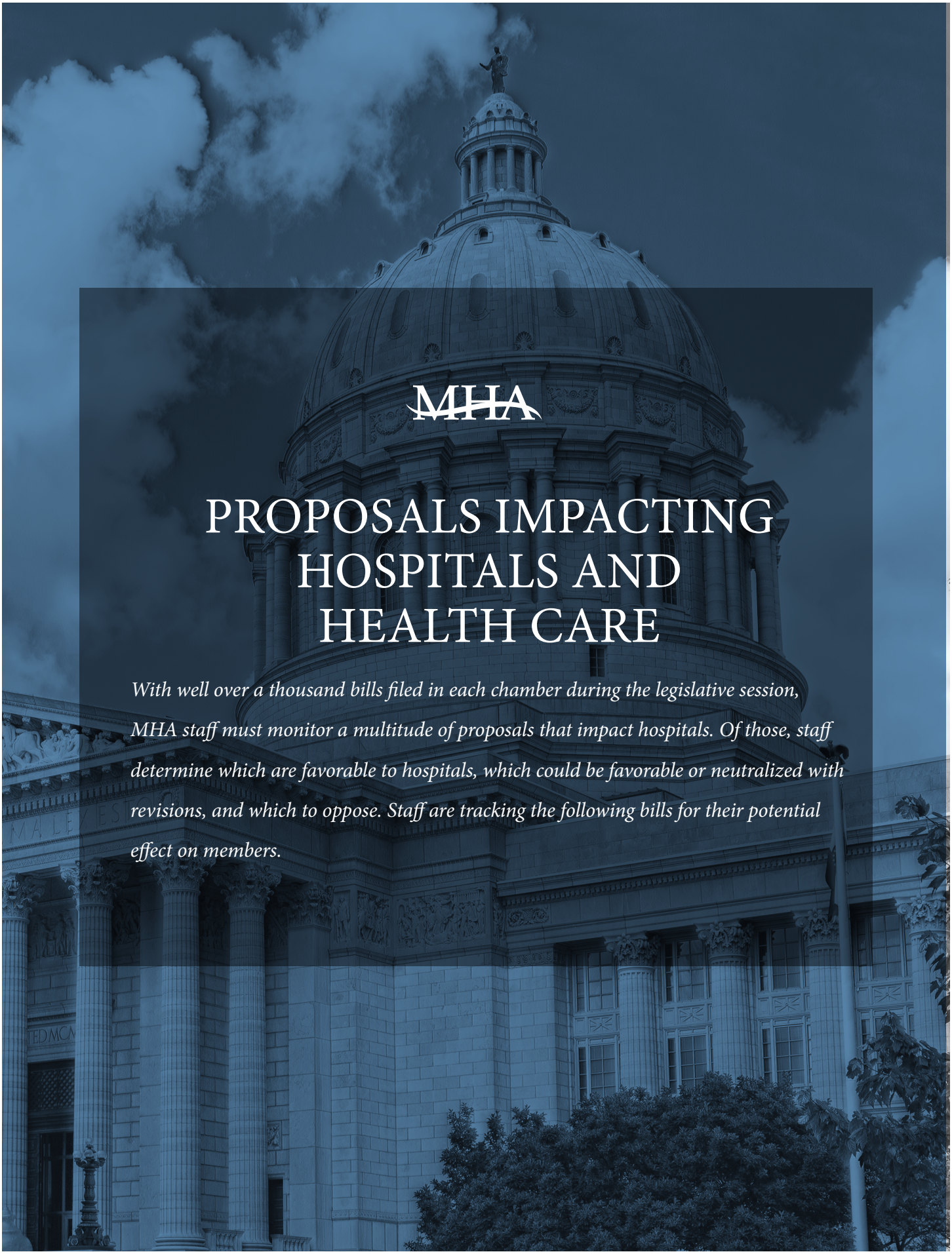
SB 1151 and HB 2430 would ensure that patients who need support for mental illness or developmental disabilities receive care in appropriate settings. The bills require the appropriate state agencies, including the Department of Mental Health, the Division of Youth Services and/or the juvenile court system, to take responsibility for individuals who are boarding in hospitals and direct them to appropriate, state-supported community-based treatment.

Reimbursement for Psychiatric Transfers

Due to the shortage of inpatient psychiatric beds, patients who need such care frequently are transferred to facilities some distance from their home and out of their provider network. This places burdens on both the patients and their families, who must travel to receive care or visit their loved ones. Hospitals able to provide care for these patients receive lower reimbursement because they are not in the patient's provider network. SB 1147 would require payers to reimburse hospitals for patients that are transferred out of their provider network at no less than the Medicare or Medicaid rate, whichever is higher, and impose no greater cost-sharing requirements on the patient than if the care had been provided by a network provider. The bill also provides that maintaining inadequate behavioral and mental health provider networks shall be an unlawful practice enforceable under the Missouri Merchandising Practices Act.

Notarization Requirements for Involuntary Commitments

For the past several years, MHA has lobbied for statutory changes to Section 632.305, RSMo. to remove the notarization requirement for hospital staff filing an application seeking a 96-hour commitment for behavioral health patients. Because these transfers occur at all hours, hospital staff often struggle to find a notary to complete the application during the overnight hours. While MHA succeeded in changing the statute, judges issuing commitment orders have sometimes been reluctant to accept unnotarized documents, pointing to ambiguity in the text of the law. MHA staff worked with members of the judiciary and the Office of State Courts Administrator to arrive at mutually agreeable language. SB 1274 and HB 1977 clarify that civil detention applications for patients deemed in need of behavioral health treatment do not require notarization.



PROPOSALS IMPACTING HOSPITALS AND HEALTH CARE

With well over a thousand bills filed in each chamber during the legislative session, MHA staff must monitor a multitude of proposals that impact hospitals. Of those, staff determine which are favorable to hospitals, which could be favorable or neutralized with revisions, and which to oppose. Staff are tracking the following bills for their potential effect on members.

HEALTH CARE PROFESSIONALS

APRN/CRNA Scope of Practice

Numerous bills have been filed to loosen restrictions on how advanced practice registered nurses and certified registered nurse anesthetists deliver care. SB 979 and SB 1016 would allow APRNs to prescribe Schedule II stimulants for behavioral health patients and relieves them of collaborative practice requirements after 2,000 hours of documented practice. HB 2067 also authorizes APRNs to prescribe Schedule II stimulants, and HB 2287 extends prescriptive authority for patients of certain facilities associated with the Department of Mental Health.

HB 1635, HB 1636, and HB 2391 would remove all references to geographic proximity requirements and the requirement for one month of continuous supervision by the collaborating physician. HB 1635 and HB 2391 also allow APRNs to transition to independent practice after 2,000 hours of practice. HB 1989 provides for independent practice after 4,000 hours.

HB 2749 allows hospitals to perform the administrative functions of a collaborative practice arrangement so long as the hospital has identified in the agreement one or more physicians who will supervise the advanced practice nurse.

SB 1247, SB 1445 and HB 1981 authorize CRNAs to select, order and administer Schedule II drugs through IV during the course of anesthesia services.

Community Paramedics

SB 841, HB 1979 and HB 2372 require coordination of services among community paramedicine programs and ground ambulance services covering the same service area. When two ground ambulance services seek to provide community paramedicine in the same service area, they must enter into a memorandum of understanding regarding those services. An ambulance service providing community paramedicine services in another service area in which community paramedics are not available must notify the ground ambulance service covering the area of the activities being performed.

Naturopathic Physicians

HB 2159 establishes the board of naturopathic medicine and defines licensure requirements and scope of practice for naturopathic physicians.

PATIENT CARE

Telemedicine

SB 1453, HB 2372 and HB 2702 allow a physician/patient relationship to be established virtually unless an in-person evaluation is necessary to meet the standard of care. They also allow medical evaluations to be conducted via the internet or telephone questionnaires if the information is similar to that obtained during an in-person evaluation and removes the prohibition on prescribing controlled substances through such evaluations, as long as a physician/patient relationship exists.

Health Care Decision-Makers

SB 1536 and HB 1886 establish a priority order for individuals to make health care-related decisions on behalf of incapacitated patients. The bill allows providers to decline to comply with a designated decision-maker's direction on religious or moral grounds.

Maternal Health

SB 1229 establishes criteria allowing health plans to reimburse for midwife and doula services. HB 1820 includes similar provisions for doula services. HB 1949 and HB 2372 authorize the Department of Health and Senior Services, the Department of Mental Health or the MO HealthNet Division to issue certain standing orders related to maternity services. They also require MO HealthNet to cover certain doula services and add childbirth education classes to covered services offered under the Show-Me Healthy Babies program.

HB 1950 requires the DHSS to establish an infant mortality review process involving local public health agencies and adds duties to the Pregnancy-Associated Mortality Review Board. Subject to appropriation, the bill also would require DHSS to contract with programs to educate certified nurse midwives.

Newborn Screening

HB 2750 requires parental consent for genetic screening of newborns, which must be obtained prior to active labor.

Medical Testing

SB 842 and HB 2127 establish "Cindi's Law," which requires a p53 test for all abnormal cytological or histological endometrial samples for purposes of diagnosis and treatment of uterine cancer.

Cancer Patients' Bill of Rights

SB 1498 establishes the right of cancer patients to understand their diagnoses and be informed about treatment options, to transparent and timely processes to contract with treatment specialists and testing, to medical treatments for pain management, and to relevant clinical trials and medical research.

End-of-Life Treatment

HB 2188 establishes the "Marilyn Teitelbaum Death with Dignity Act," and includes provisions for end-of-life decisions and care. It grants patients the right to information about all treatment options reasonably available for terminal conditions and self-administered medication to end one's life. Health care providers may refer patients believed to be suffering from psychological disorders or depression to counseling before receiving medication to end their life.

Similarly, HB 2464 establishes the "Missouri Terminally Ill Patient Dignity and Care Act," which requires hospitals to implement care protocols for terminally ill patients and ensure patients are informed of those protocols and are given the opportunity to designate a patient advocate. The bill further requires hospitals to identify a terminal care ombudsman and provides the Department of Health and Senior Services authority to enforce provisions of the law.

Individual Care Plans

HB 2513 creates "Maddie's Law," which requires individualized care plans for children with rare or medically complex conditions. Hospitals would be required to adhere to such care plans or report any significant deviation therefrom.

HB 2514 creates the "Missouri Medical Documentation and Patient Recording Accountability Act." The bill requires documentation of all clinical communications influencing patient care to be documented within 24 hours. The bill further provides that a health care provider may not attribute symptoms to a psychiatric or psychosomatic disorder absent a differential diagnosis and testing to rule out other conditions. The bill further allows patients or their advocates to record or stream any portion of the patient's medical encounter.

Vaccination Status

HB 1679, HB 2373 and HB 2374 prohibit health care providers from denying services to children based on vaccination status.

Patient Privacy Rights

HB 2606 prohibits hospitals from disclosing a patient's health records without the patient's informed consent or express authorization under state law. The bill includes exceptions for medical emergencies.

Sexual Assault Victims

HB 2628 requires any hospital or health care facility treating a sexual assault victim to advise them of their options related to emergency contraception and to provide such treatment on request.

WORKFORCE

Respiratory Therapists

SB 1519, HB 2618 and HB 2644 establish the Respiratory Care Interstate Compact to allow for interstate licensure of respiratory therapists.

Physician Assistants

SB 1492 establishes an interstate licensure compact for physician assistants and provides for licensure reciprocity for currently licensed practitioners.

Assistant Physicians

HB 1650 expands eligibility requirements for individuals to qualify as assistant physicians and removes certain requirements for collaborative practice arrangements. It also provides a path to physician licensure for qualified assistant physicians.

Dietitians

SB 1339 and HB 1961 create new provisions relating to the licensure of dietitians, including reciprocity, nonrenewable temporary licenses and the Dietitian Licensure Compact.

Licensure Reciprocity

HB 2649 provides licensure reciprocity for individuals who are similarly licensed in the United Kingdom. HB 2974 provides licensure reciprocity for certain individuals providing telehealth services in the state. HB 2300 authorizes temporary licensure for individuals practicing a profession in other jurisdictions that do not require licensure or certification on the same terms as the State of Missouri.

Fast Track Program

SB 1451 increases the maximum gross income for eligibility for the Fast Track Workforce Incentive Grant. HB 2151 and HB 2992 do the same, as well as modify the definition of "eligible training provider" to require that training organizations have been in continuous operation within the state for at least twelve months.

Workplace Violence

Several bills have been filed to address violence towards hospital staff. SB 841 and SB 1134 require hospitals to prominently display signage reminding patients and visitors that assaulting a health care professional is a serious crime which may be punishable as a class A misdemeanor. HB 2372, a health care omnibus package, includes similar language. HB 1868, HB 1918 and HB 2072 enhance criminal penalties for certain offenses against health care workers.

Child Care Tax Credits

HB 2409 establishes various tax credits to incentivize expansion of child care capacity in the state.

Emergency Department Staffing Requirements

Four bills have been filed to regulate physician staffing in the emergency department. SB 1367, HB 2557 and HB 2935 require a dedicated physician presence in the emergency department at all times. HB 1920 requires the Department of Health and Senior Services to educate the public on the legal consequences of assaulting such health care professionals and establishes a fund through which hospitals could receive reimbursement for expenditures to enhance physical security in conformance with the National Defense Authorization Act or the employment of security personnel. HB 1930 creates the offense of impeding a first responder, defined to include paramedics, emergency medical technicians and hospital employees.

Noncompete Contracts

HB 2184 and HB 2821 prohibit noncompete clauses in physician contracts.

Infectious Disease Reporting

HB 2070 requires health care facilities to notify workers or law enforcement officers of known exposure to certain infectious diseases no later than 48 hours after learning of the exposure.

HOSPITAL OPERATIONS

Pathology Services

SB 1469 and provisions in SB 841, HB 1945 and HB 2372 require MO HealthNet to pay for inpatient clinical pathology services provided by a hospital-based pathologist.

Forensic Evidence

HB 1809 requires hospitals to provide all staff who assist in the collection of forensic evidence with three hours of annual training. It also requires hospitals that treat patients for stab wounds at least one inch deep to report the wound to law enforcement and maintain evidentiary collection kits to collect evidence associated with stab and gunshot wounds.

Trauma Center Designations

HB 1805 and HB 1810 remove restrictions on trauma center designations based on a facility's proximity to another designated trauma center.

340B Reporting Requirements

SB 1178, SB 1213 and HB 2081 impose various reporting requirements on hospitals participating in the 340B Drug Pricing Program. SB 1178 and HB 2081 would require hospitals to report a variety of measures to the Department of Health and Senior Services, including, but not limited to, aggregate acquisition costs and payments received for 340B drugs, the number of 340B drugs dispensed to patients, payments made to contract pharmacies, total operating costs and charity care. Hospitals that fail to comply would be fined $1,000 per day. SB 1213 includes similar, but not identical, requirements for all 340B-covered entities.

Price Transparency

SB 1267 establishes penalties for hospitals that are not in material compliance with federal price transparency laws. It would prohibit hospitals from collecting debt owed for items or services provided on any date in which the hospital is out of compliance. It further provides for patients to sue to recover any bills paid when the hospital was not in compliance.

Visitation Policies

HB 2275 authorizes a penalty of $1,000 per day when a hospital fails to comply with the provisions of the Compassionate Care Visitation Act and the No Patient Left Alone Act, which established visitation requirements following the COVID-19 pandemic.

Medical Records

HB 2783 prohibits health care providers from charging patients for medical records needed for certain applications for public assistance.

SB 1511 allows a patient to request that his or her questions and the physician's responses be recorded in the medical record.

Hospital Trustees

HB 2903 prohibits current and certain former employees of a county hospital from serving on its board of trustees.

Hospital Investments

HB 2146 alters statutory restrictions on how municipal hospitals and hospital districts invest their funds. HB 2372 includes similar provisions.

Hospital District Service Areas

HB 2146 also would allow hospital districts to provide services in areas in which a municipal or county hospital also provides services. HB 2372 includes similar provisions.

Open Records

HB 2903 would exempt certain county hospital records from Missouri's open records law, including contract cost estimates, consultative reports associated with strategic goals, marketing and operational strategies, and competitive financial information.

HEALTH BENEFITS

Payer Reforms

HB 2775 prohibits insurers from penalizing an in-network provider for contracting with or using the services of an out-of-network provider. This provision would reverse a recent Anthem policy purporting to penalize hospitals that contract with out-of-network practitioners. It also reverses a proposed payer policy imposing a maximum duration of anesthesia time for which a provider may be reimbursed and prohibits payers from unilaterally altering contract terms through the issuance of policy mandates. SB 930, HB 1944 and HB 2570 similarly limit insurer attempts to restrict reimbursement for anesthesia services.

HB 1944 also includes prohibitions on downcoding by health carriers and health benefit plans.

SB 1340 and HB 2372 include similar 340B protections to those found in SB 846, but only for Federally Qualified Health Centers.

Patients First Act

SB 1447 and HB 1894 prohibit insurers from differing reimbursement based on provider type. The bills would require all health care providers, except physicians, to be reimbursed at the same rate for the same service as long as the service is within the provider's scope of practice.

Pharmacy Cost-Sharing Reforms

Several bills have been filed to regulate patients' out-of-pocket costs for prescription medications. SB 840, SB 970, SB 1327 and SB 1448, together with HB 1941, HB 1681 and HB 2279 would require health carriers and pharmacy benefit managers to include amounts paid, for any medication for which a generic substitute is not available when calculating any cost-sharing provisions under a health plan. They further prohibit payers and PBMs from varying cost-sharing requirements or benefits based on any cost-sharing assistance for medications for which a generic substitute is not available.

Medicaid Work Requirements

Three resolutions have been filed to impose work requirements on the adult expansion population. If passed, the issue would need to be submitted to the voters for approval, as it alters the ballot measure passed in 2020 implementing Medicaid expansion. SJR 103 codifies the work and community engagement requirements in the One Big Beautiful Bill passed by Congress in 2025. SJR 108 and HJR 154 also would remove the constitutional provision stating that the adult expansion population may not be subject to greater restrictions on eligibility, enrollment, standards or other practices.

HEALTH CARE POLICY

Certificate of Need

SB 1268 and HB 1637 repeal provisions of the certificate of need law relating to hospitals, excluding long-term care beds in hospitals, and major medical equipment.

Charitable Donations

HB 1774 authorizes a tax credit for certain charitable donations to local hospital foundations.

TORT REFORM

Collateral Source Payments

SB 1180, HB 1646 and HB 2405 prohibit a litigant in a personal injury action from introducing evidence regarding the amount billed for medical care when that amount has been discounted, reduced or written off.

Statute of Limitations

HB 1645 and HB 2182 reduces the statute of limitations for personal injury actions from five to two years.

Joint and Several Liability

SB 1180 also revises the law regarding joint and several liability. The bill would require the trier-of-fact to apportion liability among all alleged tortfeasors regardless of whether any have settled or otherwise released from liability. Any defendant found to bear 51% or more of fault shall be jointly and severally liable for the judgement, less the total of any stipulated amount from any agreement or consideration paid by another tortfeasor.

Expert Testimony

SB 918, SB 1309 and HB 2255 would revise the qualifications for expert witnesses to mirror federal standards.

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